7738401164

LEEHINMANESOURCESINC

PAGE 02

×							Nonfee
APR 2 9 2010		ter with applicable		Mail Stup IS Commission P.O. Box 14 Alexandria, 4571 273-28	er for Pat: S0 Virginia 2	ents.	
TRAIL AND THE STREET			en då en farte en er er Kreiser endre skriftere er er er	or marrismance or marrismance	rees will be	maned to the current	an Calendary Company of the Calendary Company of the Calendary Company of the Calendary Calendar
LEE MELVIN H	INMAN			hac(s) Transmit papers. Each ad have its own cer	tal. This certif ditional paper filicate of mai Certificate	icate cannot be used for, such as an assignment ting or transmission. of Mailing or Trusse	domestic mailings of the rany other accompanying t or format drawing, mus- nission deposited with the United class must in an envelope
234 TWIN LAKES PANAMA CITY B		3		addressed to th	c Mail Stuo	ISSUE FEE address of 1) 273-2885, on the do	abave, or boing tacsimili
				LE	MELVI.	N HINMAN	ويتطيعهم مرسولين
				Les	melvin	Himman	مدمواصيونان.
				<u> </u>	1/38/21	010	·*·
other Red Lances, New	PERMIT		FIRST NAMED INVEN	TOR	ומיניה	RNEY DOCKET NO	COMPINION (HEN MY)
APPEN (AP):	SAIAH, ESHH	ISSUE FEE DUE	PUBLICATION (B), D		PISSUE FUE	POTAL FEE(S) DUE	DATE DUE
noprovisional	YES	\$755	\$300		50	\$1055	06/21/2019
FXAMINER		ART UNIT	CLASS-SUBCLASS				
ZURITA, JA!		3625	705-026000				
Change of correspondence TR 1 (63) I Change of entrespond Address form PTO/SB/12 I Tree Address indicate P1(2/SB/47/ Rev 03-02/ c Number is required.	lence address (or Char 22) attached inn (or "Fee Address" ir more recent) attache RESIDENCE DATA	ge of Correspondence Indication form d. Use of a Customer TO Bh PRINTED ON 1	2. For printing on to 1) the names of water some OR after (2) the name of a registered atterney 2 registered patent fisted, no name will THE PATENT (print o	ip to 3 registered matively, single firm (havin or agent) and th automorys or age be printed	i putent attorn ig as a membi e names of up nts. If no name	era 2. 000 cis 3	
PLEASE NOTE: Unloss recordation as set forth in (A) NAME OF ASSIGN!	EE	etion of this form is NO	(B) RESIDENCE: (C	CITY and STATE	OR COUNT	RY)	p entity Government
The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) I Advance Order - * of Copies			Depart of Feets: (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required feets), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form)				
Change in Entity Status A Applicant claims Status NOTE: The Issue For and Protects as shown by the rece	MALL ENTITY status	Sec 37 CFR 1 27	b. Applicant is no different anyone other the	longer claiming	SMALL ENT a registered a	TFY status. See 37 CFI	R 1 27(g)(2). assignee or other party in
and the same of the fact	La melvi	Herman	<u></u>		4/21/20		
Authorized Signature	LEE MELV	W HINM AN	/		tion No		
This collection of information application. Confidential submitting the completed ap	on is required by 37 Clify is governed by 35 splicetion form to the	R 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection i depending upon the i	or retain a bene is estimated to tal individual case.	in by the publice 12 minutes any comments	ic which is to file (and to complete, including s on the amount of time ark Office, U.S. Denar	by the USPTO to process gathering, preparing, and c you require to complete tacast of Commerce, P.O.

this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Fatous and Tractment Officer, U.S. Fatous and T Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.